

## Access to GP appointments across Sussex - public opinion - Executive summary

### Introduction

The aim of this project was to assess people's views about accessing GP appointments and, for some questions, to see whether people's views and experiences about remote GP appointments have changed two years since the pandemic began (by comparing some findings from a [project](#) undertaken in June 2020).

A total of 851 people responded to the survey across Sussex: 40.9% were from Brighton and Hove, 40.4% from East Sussex (excluding Brighton and Hove) and 18.7% were from West Sussex. 64.9% of the respondents were women, 81.2% were White-British and 53.7% described themselves as having their 'day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months'.

Those reporting a health problem or disability (53.7%) has increased from the 39.2% in 2020. Most of this difference was those reporting that their day-to-day activities were limited a 'little', which increased from 14.5% in 2020 to 32.6% in 2022. Those reporting a mental health condition had increased from 17.9% in 2020 (among those reporting a disability) compared to 28.7% in 2022.

### Findings

#### a) Delaying appointments

Over one-half (56.3%) of the sample had chosen not to make an appointment since the pandemic, despite having a need.

The top two reasons for this delay were 'I tried to make one but waited too long on the phone' (42.4%) and 'I felt that my condition wasn't serious enough' (31.9%).

Around one-in-ten sought alternative support from the NHS App (9.2%), NHS111 (10.0%), Accident and Emergency (8.6%), or at an Urgent Treatment Centre or Minor Injuries Unit (5.0%).

When controlling for the influence of other factors (gender, ethnicity, etc)<sup>1</sup>, people with disabilities and younger people were more likely to have ever delayed an appointment with a GP since the pandemic. This difference by disability was also evident in the 2020 report.

The proportion delaying appointments in 2022 (56.3%) is higher than the 37.4% in 2020. This may partly be a product of the increased time (and opportunity) to delay an appointment, although the trend does make this a cause for concern.

### **b) Booking appointments online**

38.6% said they had used an online booking system (such as Patient Access or the NHS App) to make appointments. However, a notable 58.8% had not used an online booking system.

For those not having used an online booking system, this was either because the practice did not offer such an option or people were unaware whether their practice did or did not provide the system. However, for many it was a personal preference to phone the practice to make an appointment (26.3%), and phoning was preferred even if people had the necessary digital skills to use the online alternative.

Comparisons by age were statistically significant (independent of a person's gender, disability or ethnicity) - For every one-year decrease in age, there was a 4% increase in the odds of booking an appointment online. These differences by age were also evident in the 2020 report.

### **c) Patient views of GP websites**

Following a pan-Sussex review of GP websites by local Healthwatch, this survey seemed an opportune time to gather the patient perspective. Knowing who to contact when the surgery was closed and how to make appointments were the most heavily rated in terms of importance (78.7% and 78.1% respectively rated these as 'very important').

Indications of importance, perhaps less expected, were support for mental health issues (71.6% rated as 'very important') and concerns over data security (68.6% rated as 'very

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<sup>1</sup> From a logistic regression analysis.

important'). The latter ties in with the data sharing requirements through several initiatives such as the Sussex Integrated Dataset.

#### **d) 'Happiness' for remote appointments**

By far the most popular medium was a mixture of remote and face-to-face depending on condition (65.1%), some 25 percentage points higher than the next popular option. Of the alternatives, people generally preferred phone over sending photos (39.9% and 34.9% respectively), appointment by video (34.8%), and other online means (28.9%).

17.1% objected to all remote options and preferred exclusively face-to-face appointments.

In general, men were more likely than women to prefer video appointments, to use photos and other online methods.

For those unhappy for any remote appointments, the difference by age (older people less likely to want any form of remote appointments) was independent of a person's disability, ethnicity or gender. For every one-year increase in age, there was a 4% increase in the odds of wanting only a face-to-face appointment. This difference by age was also evident in the 2020 report.

Although comparisons between 2020 and 2022 cannot be made numerically (due to the inclusion of a new response option), they do similarly show increased favourability of phone over video, sending photos and other online methods, but not to the extent of the 65.1% favouring a combination of appointments depending on condition (newly asked in 2022).

#### **e) Attitudes to phone and video GP appointments**

In terms of agreement (taken as the percentage of those who 'agreed' or 'strongly agreed'), the highest ratings were for 'only having phone or video appointments with my GP would put me off from getting support' (56.6% agreement). This perhaps ties in with the proportion delaying their appointments and those preferring face-to-face advice.

It is important to emphasise that these results were quite polarised with significant levels of disagreement alongside agreement. Approximately, one in five (23.3%) disagreed that

only having remote appointments would put them off from getting support (56.6% agreed), and one-half did not agree that you could get the same level of advice through phone and video (51.2% disagreed, whereas 30.8% agreed).

These attitudinal questions about phone and video appointments showed the most differences when comparing 2020 to 2022 data, with a sense of reluctance towards having remote appointments.

The greatest difference was the increased agreement ('strongly agree' or 'agree') was 'only having phone or video appointments with my GP would put me off from getting support' (increasing from 35.5% agreement in 2020 to 56.6% in 2022). There was also lesser agreement towards 'I think you can get just as much advice from a GP by phone or video compared to a face-to-face appointment' (reducing from 42.6% in 2020 to 30.8% in 2022), and 'phone and video appointments would be more convenient for me compared to a face-to-face appointment' (45.9% in 2022 to 30.2% in 2022).

This may be a product of face-to-face appointments being a more available type of appointment compared to the time of the 2020 survey (June 2020, three months into the pandemic) and the high rating for people preferring the hybrid model of remote or face-to-face depending on condition.

#### **f) Preference towards different aspects of remote appointments (for all those happy to have remote appointments in the future)**

From further attitudinal questions<sup>2</sup>, the highest rating for 'very important' was having appointments as soon as possible with any GP (62.2%) which ties in with the waiting times being a reason for delaying appointments shown previously. This was followed by a similarly high rating for having a precise time when they will receive a phone or video call (59.9%). These two responses were around 10 percentage points higher than the next highly rated responses and reflect the importance of the immediacy of the appointment and clarity over when this appointment will occur.

Equally significant are the lower ratings, showing less importance for being able to have a video appointment rather than a phone appointment (25.3% rated this as 'not important'). This ties in with the higher 'happiness' for phone over video appointments noted above.

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<sup>2</sup> Ratings were either 'not important', 'important' or 'very important'.

Also, having a phone and/or video appointment with my regular GP (17.4% rated this as 'not important') and perhaps links to the preference to be seen quickly and via face-to-face in alternative sites such as Accident and Emergency rather than waiting for their regular GP.

The main differences were by disability, gender and age. People with disabilities attributed more importance towards having the phone and/or video appointment as soon as possible (with any GP); and more importance to being able to book a phone and/or video appointment via an online booking method (e.g. Patient Access, NHS app) rather than by phone.

Women showed more importance to being given the choice between having a phone or video appointment; more importance to having a precise time when they receive a phone or video call (rather than between 9am to 12pm for example); and showed more importance to being able to have a video appointment rather than a phone appointment (if given the choice).

Older people saw less importance to being able to book a phone and/or video appointment via an online booking method (e.g. Patient Access, NHS App) rather than by phone; and saw less importance in being able to have a video appointment rather than a phone appointment (if given the choice).

The main difference between 2020 and 2022 was to have the GP appointment as soon as possible, with any GP (62.2% rated as 'very important' in 2022 compared to 38.0% in 2020). This shows that people may not be so intent on seeing their regular GP, with having the appointment as soon as possible being a priority. This also shows the likely demand for same day appointments offered by some online providers (e.g. Livi) and the helpfulness of enhanced GP-access shown below.

#### **g) Enhanced access to GP practices**

The majority were unaware of enhanced access to GP practices (54.2%) and most had not taken up the service (71.4%). Most viewed this as a helpful or very helpful (83.4%) way to access a GP.